

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-028443

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

SL 28965

C-1119745

Primary Registration District No.

1003

Registrar's No.

7584

STATE FILE NUMBER

FILED AUG 13 1962

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI	a. STATE ILL.	b. COUNTY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VAH, 915 N. GRAND AVE.		c. CITY OR TOWN BELLEVILLE,	d. STREET ADDRESS (If outside, give location) 315 S. VIRGINIA
3. NAME OF DECEASED		4. DATE OF DEATH	
First	Middle	Last	Month Day Year
EDWARD	(N)	BIEN	8-1-62
5. SEX	6. COLOR OR RACE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH
MALE	WHITE		8/24/1887 74 YRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CAB DRIVER		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) BELLEVILLE, ILL.
13a. FATHER'S NAME GEORGE BIEN		13b. MOTHER'S MAIDEN NAME NANCY MEIER	14. NAME OF HUSBAND OR WIFE MATHILDA BIEN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW I		17. INFORMANT 315 S. VIRGINIA, MATHILDA BIEN, BELLEVILLE, ILL.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) CARCINOMA OF NECK AND BODY OF PANCREAS WITH METASTASIS TO PERIPANCREATIC NODES AND LIVER			UNKNOWN
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
DUE TO (b)			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY	Hour a.m. p.m.	Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) VA.	20f. CITY, TOWN, OR LOCATION VA.	
21. attended the deceased from 7/23/62 to 8/1/62 and last saw him alive on 8/1/62		Death occurred at 6:45 PM on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE S.V. A. Smith	(Degree or title) M.D.	22b. ADDRESS VAH, ST. LOUIS, MO.	22c. DATE SIGNED 8/2/62
23a. BURIAL, CREMATION, ETC.	23b. DATE 8/6/62	23c. NAME OF CEMETERY OR CREMATORY Green Mt.	23d. LOCATION (City, town, or county) Belleville, ILL.
24. GENERAL DIRECTOR Edgar A. Baldus	ADDRESS Belleville, Ill.	25. DATE RECD. BY LOCAL REG. AUG 2 1962	26. REGISTRAR'S SIGNATURE Joan Smith M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Edgar A. Baldwin

Licensed Embalmer No.

2846

P. O. Address

Belleville, Ill.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.